Therapy Etc

empower . teach . connect

Consent to Release/Exchange Confidential Information

I, _____, relationship to minor _____ hereby give my consent for Therapy Etc. to

_____ release to: _____ obtain from: _____ exchange with:

Name/Type of Profession:_____

Street Address:_____

City, State, Zip:_____

Phone, Email:_____

the following information pertaining to myself:

_____ treatment summary _____ history/intake

_____ diagnosis _____ psychological test results

_____ psychiatric evaluation/medication history _____ dates of treatment attendance

_____ other (specify) _____

for the purpose of:

_____ evaluation/assessment and/or coordinating treatment efforts

_____ other (specify) _____

This information may include written reports, verbal reports, and relevant family information. Such information will be used for collaboration and coordination of services. You have the right to inspect and copy any written records prior to disclosure.

Copies (or facsimiles) of this release are to be treated as having the same validity as the original. However, if the consent is revoked after a disclosure has occurred, the revocation has no effect with respect to prior disclosure.

_____ _____

Signature of Client (if 12 years or older) Date

_____ _____

Signature of Parent Date

_____ _____

Witness Date

This document is valid until _____, 20_____

You have the right to revoke any of the above releases at any time during the life of this document by submitting a written request.